Webster (D.)

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OF TREATING

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BY

DAVID WEBSTER, M.D.,

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SURGEON TO THE MANHATTAN EYE AND EAR HOSPITAL, ETC.

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A NEW METHOD OF TREATING EPISCLERITIS.

It is not my purpose, in this paper, to discuss the etiology of episcleritis, nor shall I undertake to throw any new light upon its pathology. The physician will find these sufficiently, if not satisfactorily, enlarged upon in the numerous text-books upon diseases of the eye.

Episcleritis is a well known and easily recognized disease. DeWecker's description of it is as good as any. He says, it "appears as a series of circumscribed centers, around the cornea, forming bulgings, the deep colored injection of which is an important diagnostic sign, enabling us to distinguish episcleritis from other circumscribed inflammations of the conjunctiva, as phlyctenular or pustular conjunctivitis. The bulgings of episcleritis have a dull purple hue, and their greatest elevation is generally at a distance of some two or three millimetres from the corneal margin."

The name, episcleritis, would seem to imply that only the tissues overlying the sclera were inflamed, but the sclera itself is frequently involved in the disease and hence the names *scleritis* and *sclerotitis* are often applied to the affection. When the cornea is involved, as is too often the case, the disease may be called *sclero-keratitis*.

The disease is generally believed to be due to a rheumatic or gouty diathesis, and runs a course of months or even years.

Wells says, "though not a dangerous affection,

episcleritis often proves extremely troublesome on account of the protracted and obstinate course which it runs, and also on account of the tendency to frequent recurrence which it often manifests." The same authority tells us it is "a rare disease and, as a rule, does not attack both eyes and occurs oftenest in middle life." He also says "the disease is not only very protracted and obstinate in its course but also *very little influenced either by general or local treatment.*" For the treatment of this disease we find recommended, locally, eye drops of atropine, collyria of chloride and of sulphate of zinc, warm poppy fomentations, the insufflation of calomel and the use of the red precipitate ointment; internally, mercury, iodide of potassium, guiacum, colchicum and the tincture of aconite. The muriate of pilocarpine has been used hypodermically with good results, and the duration of the disease has been greatly abridged by removing the bulging mass with a sharp spoon. Local massage is said to have effected a cure in some cases. The new method of treatment referred to in the title of the paper is that by the *actual cautery.* I have applied the actual cautery in three cases with the apparent effect of aborting the disease, or at least, of greatly abreviating its duration. I was led to apply the cautery in a case of episcleritis because of the happy results of its application in ulcers of the cornea and in some cases of vascular keratitis. The result of my first trial of the method of treatment was so unexpectedly good that I employed it in the only other two cases that have since come under my care, and with equally rapid cure of the disease. The

importance of a method which cures, in a few weeks, cases of a disease which lingered along for months, and sometimes for years, under former methods of treatment, is such that I need not offer an apology for reporting with some prolixity the cases so treated.

CASE I.—Mrs. C. E. W., widow, aged 50, came under my care at the clinic at the Manhattan Eye and Ear Hospital in December, 1886. She stated that she had granular lids four years previously. In November, 1883, her left eyeball became very red. This redness recurred from time to time until January, 1886, when there came a blur before the eye. Since then the eye has never got well. She was treated for several months by an "oculist," but kept on with her work, except for a few days at a time.

When I first saw the patient her left eye presented a marked "bulging" or swelling on its temporal aspect The cornea had evidently been invaded by the inflammation and there was a large opacity of that portion of its area adjacent to the episcleral swelling. There was also trichiasis of the left lower lid, R. V.= $\frac{20}{20}$; E.; L. V.= $\frac{20}{100}$; no improvement with glasses. I treated Mrs. W. for a time as an out-patient. She was put upon atropine and bathing with hot water locally and iodide of potassium internally. I hoped also, that the change of climate from Colorado to New York would do her more good than medicine. After a few weeks of this treatment she seemed not to have made any progress toward recovery and I therefore caused her to enter the hospital as an in-patient on January 3, 1887. She was then put upon a course of salicylate of soda sweats. She was put to

bed once a day, or once every other day, and a solution of salicylate of soda in hot lemonade given her, the dose being repeated every half hour until free diaphoresis set in. The first sweat was produced by no less than one hundred grains of the drug. At each sweat thereafter the quantity of salicylate of soda necessary to produce the desired effect became less until, finally, a single dose of twenty grains in a tumblerful of hot lemonade was sufficient. These sweats were kept up until January 12th, a period of nine days, with a good deal of apparent benefit, but the patient complained so of cramps in the stomach and bowels, palpitation of the heart, and general nervousness and prostration that we were compelled to stop them. She was kept in the hospital, and various applications made locally and various remedies given internally until January 29th, when, as the eye had evidently not improved any for a week or two, it was decided to resort to hypodermic injections of muriate of pilocarpine. Three or four of these injections were given her, each producing free sweating and salivation lasting half an hour or more, and each producing a week or two later *an abscess at the point of injection.* On February 7th, having rendered the eye insensible by cocaine, I applied the platinum corneal cautery at red heat very freely over the summit of the swelling. The eye was then kept bandaged for a few days, and after that, a solution of pilocarpine was dropped into it several times daily and the brow was painted with tincture of iodine. On February 21st, two weeks after the first burning, I reapplied the cautery still more thoroughly, heating it three or four

times and laying it on flat-wise so as to burn over a larger area.

On February 28th the eye had so nearly recovered that the patient was discharged from the hospital to be again treated as an out-patient. I saw her once or twice more and dismissed her as cured.

On April 1st some weeks after being dismissed, she turned up again, this time with an episcleritis of the *right* eye. She said that one night about a week previously, she had pain in the head and sneezing and awoke in the morning with both eyes red. The redness of the left eye had passed off; but in the right was the "purple swelling" characteristic of episcleritis.

I lost no time in thoroughly cauterizing the swollen mass. Three days later, April 4th, the swelling was three-fourths gone. On April 22d, as the disease showed a tendency to relapse, I again applied the cautery, and in a few days, the eye was entirely well. Not long after, this woman started for her Western home with apparently good eyes, except the corneal opacity, and with a letter to her physician advising the application of the actual cautery in case she should have another attack.

Case II.—Mrs. M. C. aged 35, was admitted to the Manhattan Eye and Ear Hospital on January 26, 1887. She gave a history of having suffered from severe pain in the right side of the head some three months previously. This had lasted with different degrees of intensity, for about four weeks. Then the pain passed off and the right eye became red and painful. She used no remedy but hot water. As in the case of my first patient, I found the temporal por-

tion of the cornea also implicated, the episcleral swelling being over the course and insertion of the external rectus. R. V.=$\frac{20}{70}$; L. V.=$\frac{20}{15}$.

This patient was also first treated by salicylate of soda sweats. The sweats were kept up until February 6th, when the case having improved up to a certain point and then remaining unchanged, I applied the cautery. This I repeated three days later, that is on the 6th. The patient was discharged on the 19th, so nearly well, as not to need further attentien.

Case III.—Mary R., aged about 25, presented herself at the clinic on May 5, 1887, with well defined episcleritis of the left eye. A few drops of cocaine solution were instilled and the actual cautery was applied to the apex of the bulging. She was treated as an out-patient and improved daily, and although the disease was of about two months' duration she was to all intents and purposes well on May 10th. She appeared at the Clinic on September 30th, to tell us that she had had no relapse of the disease.

I call this a new method of treatment because I have not read of it anywhere, and because when I spoke of it in the New York Ophthalmological Society last winter, no one present seemed to have even heard of it before. I hope my professional brethren will give it a fair trial.

To the House Surgeon of the Manhattan Eye and Ear Hospital, Dr. R. L. Thomson, and the Assistant House Surgeon, Dr. W. H. Way, my thanks are due for careful notes of these cases.

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